



FORM  
ORG

(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

13 MAR 25 P1:07

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

STATE OF HAWAII  
STATE ETHICS COMMISSION

**ORGANIZATION INFORMATION**

HAWAII FUNERAL & CEMETERY ASSOCIATION

JEROME ANDRADE

Organization Name

Contact Person

HAWAII FUNERAL & CEMETERY ASSOCIATION

C/O 1330 MAUNAKEA STREET

Mailing Address (Number and Street or P.O. Box)

HONOLULU

HI

96817

City

State

Zip Code

522-5200

jerome.andrade@dignitymemorial.com

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES**

		Total Amount
1	Preparation & Distribution of Lobbying Materials	17,717.27
2	Media Advertising	
3	Postage	8.10
4	Compensation Paid to Lobbyists <b>(Attached Additional Sheets As Needed)</b> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
	A. LISA ANNE GRUEBNER	A.
	B.	B.
	C.	C.
	D.	D.
	E.	E.
	F.	F.
	G. Total from Additional Attached Sheet(s)	G.
	Add lines A through G	Total Compensation Paid ► 4
5	Fees Paid to Consultants (other than to Lobbyists)	5
6	Entertainment & Events	6
7	Receptions, Meals, Food & Beverages	7
8	Gifts	8
9	Loans	9
10	Other Disbursements	10
	Add lines 1 through 10	Total Expenditures ► 17,725.37

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value


☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



Signature of Authorized Person

JEROME ANDRADE

Print Name

3/22/2013

Date

DIRECTOR

Title